



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
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Direction de l'amélioration de la
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 28, 2013	2013_193150_0001	002410/000 537/000784/ 001393-12	Complaint

Licensee/Titulaire de permis

BRUYERE CONTINUING CARE INC.
43 BRUYERE STREET, OTTAWA, ON, K1N-5C8

Long-Term Care Home/Foyer de soins de longue durée

RESIDENCE SAINT- LOUIS
879 CHEMIN PARC HIAWATHA, OTTAWA, ON, K1C-2Z6

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

CAROLE BARIL (150)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): January 11, 14, 15, 18, 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Long Term Care, Director of Care (DOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Worker (PSW), Registered Dietitian, Manager of Laundry and Housekeeping Services, Activity Coordinator, Activity Technicians, Physiotherapy Assistant, Resident Assessment Instrument (RAI) Coordinator, family and residents.

During the course of the inspection, the inspector(s) reviewed the residents' health care records, the home's pain management policy, Official Languages policy #PHIL 08, the home's incident reports, Activity Program, Laundry Program, Resident Council minutes, Front door access control system, observed the environment surrounding of specific dining room and residents' rooms and observed residents' activities.

**During the course of this inspection 4 complaints were reviewed:
Log #O-001393-12, O-000537-12, O-000784-12, O-002410-12.**

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping**

Accommodation Services - Laundry

Accommodation Services - Maintenance

Dignity, Choice and Privacy

Nutrition and Hydration

Personal Support Services

Recreation and Social Activities

Findings of Non-Compliance were found during this inspection.



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NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :



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1. The licensee has failed to comply with LTCHA, 2007 S.O. 2007, c8, s.15 (2) (a) as the home did not have clean and sanitary furnishing in the resident's dining room on a resident care unit.

On January 15, 2013 at 14h00 on a resident care unit, it was observed that the legs and table borders were soiled for 10 dining tables. The seats, armrests and legs were also soiled for 18 residents' dining room chairs.

A PSW states that the dining room table tops is cleaned after meals by the kitchen staff but the tables legs, borders and chairs are not cleaned daily but that they are clean every 2 to 3 months by housekeeping services.

The RN #208 observed and confirmed that the dining tables legs and borders as well as resident dining room chairs seat, armrest and legs were soiled.

The housekeeping manager observed the furnishing of the dining room and confirmed that the dining room furnishing on a unit were soiled.

The housekeeping manager states that the dining room furniture are cleaned only every 2 to 3 months. [s. 15. (2) (a)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 25. Initial plan of care

Specifically failed to comply with the following:

s. 25. (1) Every licensee of a long-term care home shall ensure that,
(a) the assessments necessary to develop an initial plan of care under
subsection 6 (6) of the Act are completed within 14 days of the resident's
admission; and O. Reg. 79/10, s. 25 (1).

(b) the initial plan of care is developed within 21 days of the admission. O. Reg.
79/10, s. 25 (1).

Findings/Faits saillants :



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1. The licensee has failed to comply with the O. Reg 79/10, s. 25 (1) (b), in that the initial plan of care was not fully developed within 21 days.

A long term Care resident was admitted to the home in January 2012.

A 24 hour plan of care was done on admission for the resident.

A care plan was done by the Registered Dietitian for nutrition in February 2012.

A minimum data set (MDS) assessment was done for the resident in February 2012.

The resident was discharged from the home on a specific date in March 2012.

The resident was admitted in the home for 51 days, no initial plan of care was done after the admission 24 hour plan of care. [s. 25. (1) (b)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following:

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Findings/Faits saillants :



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1. The licensee has failed to comply with O.Reg 79/10, s. 52 (2), in that the resident's recurrent foot pain was not assessed by using the home's clinically appropriate assessment instrument specifically designed for pain.

A resident has had ongoing pain to a foot since February 2012 till his discharge on a specific date in March 2012.

The Medication Administration Records shows that the resident received pain medication and treatment as ordered. Documentation indicates that interventions for pain management was not consistently effective in the relieving of the resident's pain.

The home's pain management directives identify that staff are to use the specific clinically appropriate assessment tool to assess residents pain.

The resident's pain was not assessed as per home's directives. [s. 52. (2)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 87.

Housekeeping

Specifically failed to comply with the following:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :



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1. The licensee has failed to comply with LTCHA, 2007 S.O. 2007, c8, s.15 (2) (a) as the home had a presence of lingering offensive odors in the residents' dining room on a resident care unit.

In January 2013 at 14h00, after the residents left the dining room, the inspector smelled a lingering offensive odor of urine in the residents' dining room .

A PSW states that when a resident has an accident on the dining room chairs the staff on the unit will wipe them. She states that the chairs are clean by housekeeping staff every 2 to 3 months.

The RN #208 confirmed that the presence of an offense odor of urine was present in the dining room.

The housekeeping manager confirmed that the dining room furniture are deep clean every 2 to 3 months. [s. 87. (2) (d)]

Issued on this 1st day of February, 2013

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

A handwritten signature in cursive script, appearing to read "Charles Bart", written in black ink on a white background.